

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for filling notifications before completing this form. The information requested here is required by law (Section 316(b) of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Data Received  
(For Official Use Only)

NOV 21 1995

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

ILR000012633

II. Name of Installation (Include company and specific site name)

AUTO CITY REBUILDERS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5027 W FULLERTON

Street (Continued)

City or Town

CHICAGO

State

Zip Code

IL 60639-

County Code

County Name

031 COOK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME AS ABOVE

City or Town

State

Zip Code

-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

OSINSKI

(First)

WITOLD

Job Title

PRESIDENT

Phone Number (Area Code and Number)

312-622-0001

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location, Building, Other

B. Street or P.O. Box



5027 W FULLERTON

City or Town

CHICAGO

State

Zip Code

IL 60639-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

WITOLD OSINSKI

NOV 17 1995

Street, P.O. Box, or House Number

5027 W FULLERTON

EPA/DLPC

City or Town

CHICAGO

State

Zip Code

IL 60639-

Phone Number (Area Code and Number)

312-622-0001

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

Date Changed  
Month Day Year

**D—For Official Use Only**

**VII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

## A. Hazardous Waste Activity

1. Generator (See instructions).  
a. Greater than 1000 kg/mo (2,200 lbs.)  
 b. 100 to 1000 kg/mo (200-2,200 lbs.)  
 c. Less than 100 kg/mo (220 lbs.)

**2. Transporter (Indicates Model in boxes 7-8 below)**

- a. For own waste only
  - b. For commercial purposes

## Mode of Transportation

- 1. Air
  - 2. Rail
  - 3. Highway
  - 4. Water
  - 5. Other - specify

3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.

- 1. Hazardous Waste Fuel**

  - a. Generator Marketing to Burner
  - b. Other Markets
  - c. Boiler and/or Industrial Furnace
    - 1. Smaller Boiler
    - 2. Small Quantity Exemption

**Indicate Type of Combustion Device(s)**

  - 1. Utility Boiler
  - 2. Industrial Boiler
  - 3. Industrial Furnace

**4. Underground Injection Control**

#### 3. List of Existing Activities

- Used Oil Fuel Marker**
    - a. Manufacturer Directs Shipment of Used Oil to Off-Specification Burner
    - b. Manufacturer Who First Claims the Used Oil Meets the Specifications
  - Used Oil Burner** - Indicates Type(s) of Combustion Device(s).
    - a. Utility Boiler
    - b. Industrial Boiler
    - c. Industrial Furnace
  - Used Oil Transporter** - Indicates Type(s) of Activity(ies).
    - a. Transporter
    - b. Transfer Facility
  - Used Oil Processor/Re-refiner** - Indicates Type(s) of Activity(ies).
    - a. Processor
    - b. Re-refiner

**IX. Description of Hazardous Waste (Use additional sheets if necessary)**

**A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)**

1. probable  
(20%)

10. **What is the primary purpose of the following statement?**

卷之三

**B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 1	F 0 0 2	F 0 0 3	F 0 0 5		
3	5	3	3	1	2

**C. Other Wastes.** (State or other wastes requiring a hauler to have an LD number; See Instructions.)

A horizontal row of six identical rectangular boxes, each containing a number from 1 to 6. The boxes are arranged side-by-side, representing a set of numbered balls for a drawing activity.

X Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**Signature**

**Name and Official Title (Type or print)**

**Date Signed:**

XI Сентябрь

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section II of the booklet for addresses.)

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Please refer to the instructions for filling this notification before completing this form. The information requested here is required by law (Section 3110 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

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United States Environmental Protection Agency

Data Received  
(For Official Use Only)

NOV 21 1995

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(Complete Item C)

ILR 000 012 633

## II. Name of Installation (Include company and specific site name)

AUTO CITY REBUILDERS

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5027 W FULLERTON

Street (Continued)

City or Town

CHICAGO

State

Zip Code

IL 60639-

County Code

County Name

031 COOK

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME AS ABOVE

City or Town

CHICAGO

State

Zip Code

-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

OSINSKI

(First)

WITOLD

Job Title

PRESIDENT

Phone Number (Area Code and Number)

312-622-0001

## VI. Installation Contact Address (See Instructions)

A. Contract Address:

Location: Building: Other:

B. Street or P.O. Box



5027 W FULLERTON

City or Town

CHICAGO

State

Zip Code

IL 60639-

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

WITOLD OSINSKI

NOV 17 1995

B. Street, P.O. Box, or Route Number

5027 W FULLERTON

City or Town

CHICAGO

State

Zip Code

IL 60639-

C. Phone Number (Area Code and Number)

312-622-0001

D. Land Type

P

E. Owner Type

P

F. Change of Owner Indicator

Yes  No 

G. Date Changed

Month Day Year

**ID - For Official Use Only****VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)****A. Hazardous Waste Activity**

1. Generator (See Instructions)  
 a. Greater than 1000 kg/mo (2,200 lbs.)  
 b. 100 to 1000 kg/mo (200-2,200 lbs.)  
 c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)  
 a. For own wastes only  
 b. For commercial purposes

**Mode of Transportation**

1. Air  
  
 2. Rail  
  
 3. Highway  
  
 4. Water  
  
 5. Other - specify \_\_\_\_\_

3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.

**4. Hazardous Waste Fuel**

- a. Generator Marketing to Burner  
 b. Other Marketers  
 c. Boiler and/or Industrial Furnace  
 1. Smaller Boiler  
 2. Small Quantity Exemption  
 Indicate Type of Combustion Device(s)  
 1. Utility Boiler  
 2. Industrial Boiler  
 3. Industrial Furnace  
 5. Underground Injection Control

**B. Used Oil Recycling Activities****1. Used Oil Fuel Marker**

- a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  
 b. Marketer Who First Claims the Used Oil Meets the Specifications

**2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)**

- a. Utility Boiler  
 b. Industrial Boiler  
 c. Industrial Furnace

**3. Used Oil Transporter - Indicate Type(s) of Activity(ies)**

- a. Transporter

- b. Transfer Facility

**4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)**

- a. Processor

- b. Re-refiner

**IX. Description of Hazardous Wastes (Use additional sheets if necessary)****A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)**

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristics: (List specific EPA hazard codes and numbers) for the Toxicity of the waste															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)**

1	2	3	4	5	6
F 0 0 1	F 0 0 2	F 0 0 3	F 0 0 5		
7	8	9	10	11	12

**C. Other Wastes. (State or other wastes requiring a handler to have an ID. number; See Instructions.)**

1	2	3	4	5	6

**X. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

PRESIDENT

Date Signed

11/14/95

**XI. Comments**

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)